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|   | Under the Paper                       | work Reduction                     | Act of 1                                | 995, no person   | ns are required to resp   | pond to a c               | collection of  |                    |  |  |                   |  |
|---|---------------------------------------|------------------------------------|---|--|---|---------------------------|----------------|--------------------|--|--|-------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |                                       |                                    |   |  |   |                           |                | ·                  | Application or Docket Number 10/709, 426 |  |                   |  |
|   | AF                                    | PLICATION                          | AS FILED - PART I (Column 1) (Column 2) |  |   | ,                         | SMALL ENTITY   |                    | OR                                       | OTHER THAN SMALL ENTITY                          |                   |  |
|   | FÓR                                   | 2                                  | NUT                                     | MBER FILED   | NUMBER EXTRA  |                           | PATE (\$)      | FEE (\$)           |  | CATE (6)   |                   |  |
|   | SIC FEE                               |                                    |   |  | 1,000   |                           | 2016/4         | (EC 14)            | 1  | RATE (\$)  | FEE (\$)          |  |
| SEA   | CFR 1.16(a), (b), or<br>ARCH FEE      |                                    | -                                       |  |   | ļ                         |                |                    |  | <del>                                     </del> | 110               |  |
|   | CFR 1.16(k), (i), or<br>AMINATION FEE | / <b>(m))</b>                      | <del> </del>                            |  | 1   |                           |                |                    |  | ·  |                   |  |
| (37 (   | CFR 1.16(o), (p), or                  | )r (q))                            |   |  |   |                           |                |                    |  |  |                   |  |
|   | TAL CLAIMS<br>CFR 1.16(i))            |                                    | 16                                      | 7 minus 20 =   |   | )                         | X\$ 25=        |                    | 700                                      | X\$50=   |                   |  |
| IND   | EPENDENT CLAIM                        | MS                                 |   | 2  |   | x                         | <b>(\$100=</b> | ,                  | OR                                       | X\$200=  |                   |  |
| (37 CFR 1.16(h))  |                                       |                                    | If the sp                               | minus 3 = ecification and dra  | awings exceed 100   |                           |                |                    | -  | N0200-   |                   |  |
| APPLICATION SIZE<br>FEE<br>(37 CFR 1.16(s))                               |                                       |                                    | sheets of<br>\$250 (\$1)<br>50 aheets   | d paper, the application in the section of the section there is a part of the section of the section in the sec | cation size fee due is<br>ty) for each additional<br>eof. See             |                           |                |                    |  |  |                   |  |
| MULTIPLE DEPENDENT CLAIM PR   |                                       |                                    |   | C. 41(a)(1)(G) and<br>(37 CFR 1.16(i   |   |                           | N/A            |                    |  | N/A  |                   |  |
|   |                                       |                                    |   |  |   | 1                         | TOTAL          |                    | 1 '                                      | TOTAL  | 770               |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2. |                                       |                                    |   |  |   |                           |                |                    | 1  | IOIAL  | 110               |  |
|   |                                       | LICATION AS                        | ; AMEN                                  | VDED - PAF   | RT II   |                           |                |                    | •  | OTHE   |                   |  |
| 12  | 1/82/06                               | (Column 1)                         |   | (Column 2)   | (Column 3)  |                           | SMALL E        | NTITY              | OR                                       |  | R THAN<br>ENTITY  |  |
|   |                                       | CLAIMS<br>REMAINING                |   | HIGHEST  |   |                           |                | ADDI-              | 1  |  | ADDI-             |  |
| ENTA  | -                                     | AFTER AMENDMENT                    |   | NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA  | R                         | ATE (\$)       | TIONAL<br>FEE (\$) |  | RATE (\$)  | TIONAL<br>FEE (5) |  |
| AMENDMENT   | Total<br>(37 CFR 1.16(i))             | 19                                 | Minus                                   | - 20   | = 0   | X                         | =              |                    | OR                                       | x =  |                   |  |
| MEN   | independent<br>(37 CFR 1.16(h))       |                                    | Minus                                   | ··· 3  | = 0   | ×                         | =              |                    | OR                                       | x =  |                   |  |
| 4   | Application Size Fee (37 CFR 1.16(s)) |                                    |   |  |   |                           |                |                    | 1  | •  |                   |  |
| لــــــــــــــــــــــــــــــــــــــ                                   | FIRST PRESENT                         | ATION OF MULTI                     | LTIPLE DEPENDENT CLAIM (37 CFR 1.16())  |  |   |                           | N/A            |                    | OR                                       | N/A  |                   |  |
| ADD'T FEE   |                                       |                                    |   |  |   |                           |                |                    |  | TOTAL<br>ADD'T FEE                               | 7                 |  |
|   |                                       |                                    |   |  | •   |                           | •              |                    | 1  |  | l                 |  |
|   |                                       | (Column 1)                         |   | (Column 2)   | (Column 3)  | <u></u>                   | •              |                    | OR                                       |  | •                 |  |
| MENT B  |                                       | CLAIMS<br>REMAINING                |   | HIGHEST  | DDEOENE   | ·                         |                | ADD1-              |  |  | ADDI-             |  |
|   |                                       | AFTER AMENDMENT                    | 1                                       | NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA  | R/                        | ATE (\$)       | TIONAL<br>FEE (8)  |  | RATE (\$)  | TIONAL FEE (\$)   |  |
|   | Total                                 |                                    | Minus                                   |  | œ   | +                         |                |                    | OR                                       |  | (-/               |  |
| 2   | (37 CFR 1.16(i)) independent          |                                    |   |  | · .   | <u></u>                   |                |                    |  | X =  |                   |  |
| <b>8</b>  | (37 CFR 1.16(h))                      |                                    | Minus                                   |  | -   | ×                         | =              |                    | OR                                       | x =  |                   |  |
|   | Application Size Fee (37 CFR 1.16(s)) |                                    |   |  | <b>-</b>  |                           |                |                    |  |  |                   |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16())            |                                       |                                    |   |  |   |                           | N/A            |                    | OR                                       | N/A  |                   |  |
|   |                                       |                                    |   |  |   | TOTAL                     |                |                    |  | ADD'T FEE  |                   |  |
| ***   | If the "Highest N                     | Number Previous<br>Number Previous | sly Paid F<br>sly Paid F                | For' IN THIS SE<br>For' IN THIS SE   | 2, write "0" in column<br>PACE is less than 20,<br>PACE is less than 3, 6 | , enter *20'<br>enter *3' |                |                    | •  |  |                   |  |
|   | the thillest is                       | TUIDEL LIGATORSI.                  | / Paio Fi                               | JE (1000 OF INC  | dependent) is the high  | Jest unwo                 | er found in t  | he appropriate     | box in col                               | lumn 1.  |                   |  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.